IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Nathan S. Lewis et al.   Group Art Unit: 1753

Application No.: 10/017,221   Examiner: A. S. NOGUEROLA

Filing Date: December 13, 2001   Confirmation No.: 9894

Title: METHOD AND SYSTEM FOR DETERMINING ANALYTE ACTIVITY

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☐   Terminal Disclaimer(s) and the ☐ $65.00 (2814) ☐ $130.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are <u>Revocation and New Power of Attorney by Assignee of Entire Interest; Change of Correspondence Address; and Return Receipt Postcard</u>

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
   ☐ $395.00 (2801) ☐ $790.00 (1801)   fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered.
   Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted _____

   on _____ _____ ,
   for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least _____ ,
   which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
   § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
   enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	15	MINUS 20 =	0	x $50.00 (1202) =	$ 0.00
Independent Claims	1	MINUS 3 =	0	x $200.00 (1201) =	$ 0.00
If Amendment adds multiple dependent claims, add $360.00 (1203)					
Total Claim Amendment Fee					$ 0.00
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					$ 0.00

☐ A check in the amount of _____ is enclosed for the fee due.

☐ Charge _____ to Deposit Account No. 02-4800.

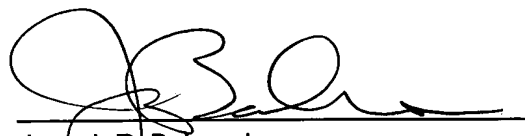☐ Charge _____ to credit card. Form PTO-2038 is attached.

    The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

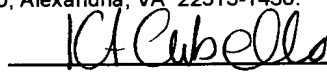BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: January 31, 2005

By _____
Joseph R. Baker, Jr.
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